

DEPARTMENT OF MENTAL HEALTH

POLICY / PROCEDURE



SUBJECT: OUT-OF-COUNTY/STATE TRANSPORT OF MENTAL HEALTH PATIENTS	POLICY NO. 202.7	EFFECTIVE DATE 01/01/02	PAGE 1 of 8
APPROVED BY: Original Signed by: MARVIN J. SOUTHARD Director	SUPERSEDES 102.7	ORIGINAL ISSUE DATE 10/01/89	DISTRIBUTION LEVEL(S) 1

- POLICY:** 1.1 To provide guidelines for the Department of Mental Health (DMH) regarding the escorted transportation of patients to clinical destinations outside of Los Angeles County. This policy shall **not** be used when considering the transport of patients by ambulance, or other means, inside of Los Angeles County.
- PURPOSE:** 2.1 DMH shall provide escorted transportation of mental health patients(voluntary or involuntary) to clinical facilities outside of Los Angeles County when the following criteria are met:
- Patients are on inpatient status at a State Hospital or DMH contracted facility, or facility operated by the Department of Health Services (DHS).
 - Patients are from a contracted IMD or SNF facility.
- BACKGROUND:** 3.1 The publicly-funded Mental Health Program has historically experienced problems with budget constraints and the effect these limitations have on the provision of psychiatric inpatient beds required for local citizens who need to be hospitalized. A persistent deficit in available inpatient beds caused the Conference of Local Mental Health Directors in 1975 to recommend that the State Department of Health authorize the transport of non-resident patients to their respective home state or community (at that time the State Department of Mental Health was part of the State Department of Health).
- 3.2 Through an August 8, 1975 letter, Mr. Carl Rauser, Manager, Mental Disabilities Services Division Branch, State of California, authorized such patient transport. That correspondence established that, as an extension of the policy to treat non-resident patients, the cost of transporting them to their home community was reimbursable under the Short-Doyle Program Guidelines. With this authorization, DMH developed procedures necessary to screen, approve and coordinate the transport of non-resident psychiatric inpatients to their respective home state or community.
- 3.3 Questions concerning a patient's eligibility for transport program approval, availability of funds, escort services and procedural details shall be directed to the DMH Patient Transportation Coordinator in the Planning and Program Support Bureau at DMH Headquarters.

PROCEDURAL 4.1 PATIENT ELIGIBILITY REQUIREMENTS

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GUIDELINES:

- 4.1.1 To be eligible for transport out-of-state or to home community, the patient must be on "inpatient" status (either voluntary or involuntary) at a State Hospital, an inpatient facility contracted with DMH or operated by the Department of Health Services or a contracted IMD or SNF facility.
 - 4.1.2 No patient who has a judicial review pending (via a writ of habeas corpus) may be transported out of Los Angeles County until completion of the judicial review (WIC 5276).
 - 4.1.3 The patient must be a resident of the receiving state or country or have responsible family members living there who agree to see that the patient has a place to live and that the patient will receive the continuing care indicated.
 - 4.1.4 The patient must have a confirmed appointment for assessment at a mental health facility in the area of the receiving state or county where he/she will be residing.
 - 4.1.5 The patient must be stabilized to a level that will ensure appropriate, orderly and safe behavior while in transit.
 - 4.1.6 The patient must have expressed a desire or willingness to travel by air to the intended destination and must agree to sign a statement which will validate that fact. Air transport is to be used to ensure brief travel time and maximize patient stabilization.
 - 4.1.7 When a patient is unable to provide a signature or informed consent (due to physical problems, mental limitations or illiteracy), the treating physician and another psychiatric professional may prepare an affidavit attesting to the patient's wishes.
- 4.2 INITIATING A TRANSPORT REQUEST
- 4.2.1 The treating physician, a clinical staff person, Deputy Public Guardian or the Director of a facility may initiate patient transport requests. The treating physician's signature of approval is required in all cases.
 - 4.2.2 If a patient is on conservatorship, the Deputy Public Guardian must request the patient transport and obtain the appropriate court order dissolving the conservatorship.
 - 4.2.3 It is the responsibility of the requesting facility (or Deputy Public

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Guardian) to contact the receiving facility to make arrangements for the patient to be either clinically evaluated or admitted when the patient arrives at that location.

- 4.2.4 If the receiving facility is an outpatient mental health facility, appropriate living arrangements must be secured prior to transport.
- 4.2.5 Patients may not be escorted to any destination other than the receiving facility or be released on their own recognizance or to the care or custody of anyone except a clinical person or receiving facility.

4.3 TRANSPORT REQUEST PROCEDURE

- 4.3.1 Determine the patient's willingness to go to the indicated destination and whether he/she have residence or legitimate reason to be transported there.
- 4.3.2 Call the Patient Transportation Coordinator to make arrangements for the transportation request. When calling to clear a transport request, provide the Transportation Coordinator data on the patient's age, gender, admitting diagnosis, date of admission, treatment, medication, behavior(s), level of stabilization, prognosis and alternative treatment plans considered.
- 4.3.3 When the request is verbally approved, prepare a "Request to Transport a Short-Doyle (01) Patient Out-of-State" form (#MH-045) (Attachment I). Include on this form the name, address and telephone number of the receiving facility, the hours of operation, the name and telephone number of the person contacted and where the patient will reside.
- 4.3.4 Secure either a signed statement from the patient (Attachment II) or an affidavit as detailed under Section 4.1.7.
- 4.3.5 Prepare "Discharge Summary" form or a narrative summary of the patient's admitting diagnosis, treatment, medication and continuing care plan. (Attachment III)

- 4.3.6 Submit to the Department Patient Transportation Coordinator the

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completed Mental Health Form #045, the discharge summary, the signed patient statement (originals - except for the discharge summary) and, if the patient is under conservatorship, a copy of the court order to transport.

NOTE: The court order is required to terminate the conservatorship but is not a dictate that shall supersede clinical imperatives or safe conduct criteria required to authorize transport.

- 4.3.7 When the Patient Transportation Coordinator receives the completed forms requesting transport of a patient, the Coordinator is responsible for selecting an escort from the approved list, (see Section 4.4.4), establishing dates for the trip and contacting the DMH Travel Coordinator to make the necessary air and surface reservations.
- 4.3.8 The Patient Transportation Coordinator must inform the person requesting the transportation and the discharging unit of the travel arrangements and instruct the escort on procedures and coordination requirements.
- 4.3.9 The Patient Transportation Coordinator shall notify DMH ACCESS by fax of the scheduled trip. ACCESS should be informed of the patient's name, the escort's name, the departure date and time, airline carrier and flight number, destination and arrival time as well as the address and telephone number of the receiving mental health facility.

4.4 PATIENT ESCORT REQUIREMENTS

- 4.4.1 No patient may be transported except with an escort. Both patient and escort must be willing to travel by air.
- 4.4.2 Escorts must possess the clinical skills which are designated by the treating physician, be a DMH mileage permittee, secure supervisor approval for travel and be willing to provide local (hospital-airport) transportation. The supervisor must approve paid or accrued overtime for the escort consistent with the guidelines outlined in Section 4.8 of this policy.
- 4.4.3 Every attempt will be made to utilize escorts who are licensed

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clinical staff. If licensed staff are not available, other clinical staff may be used.

- 4.4.4 To become eligible for the patient escort list, DMH employees will submit a Patient Escort Application (Attachment IV) form approved by their supervisor to the Patient Transportation Coordinator. The Deputy Director of the Planning and Program Support Bureau will review all requests for patient escort eligibility and determine if the employee may be included on the approved patient escort list. The Patient Transportation Coordinator will inform the requesting employee regarding his/her approval or denial.
- 4.4.5 Although an employee may be registered on the escort list, escorting is on a voluntary basis. Likewise, being included on the list of escorts does not ensure being assigned a trip.
- 4.4.6 The escort will be selected to match the skills designated by the treating physician and special needs of the respective patient. Such special patient needs may include the requirement to medicate, accommodate patient handicap(s), speak a foreign language or execute clinical procedures, if necessary. The escort and the patient being transported must be of the same gender.
- 4.4.7 Prior to the scheduling of the actual flight, the escort should interview the patient and make a final determination regarding his/her ability to successfully escort the patient to the indicated destination.
- 4.4.8 The Deputy Director, Planning and Program Support Bureau and the DMH Medical Director shall countersign all Patient Transport Requests and reserve the option to determine the fitness of all escorts and to deny any Transport Request.

4.5 IN-TRANSIT GUIDELINES

- 4.5.1 The escort is responsible for taking the patient to the designated receiving facility or psychiatric professional person. No patient is to be transported to any other location such as the home of a friend, family, boarding house, etc. Patients may not be escorted beyond the receiving facility or office of the psychiatric professional person responsible for providing psychiatric evaluation. Family members or significant others are to be instructed to meet the patient at the designated receiving facility.
- 4.5.2 If the patient in transit refuses to follow the escort's instructions and

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will not go willingly to the designated destination, the escort is to call the local police or patrol agency to request assistance. Escorts are not authorized to use physical restraints on patients in transit.

- 4.5.3 If the designated receiving facility will not honor its agreement to accept the arriving patient, the escort should call the local police to request assistance.
- 4.5.4 Efforts should be made to ensure that the receiving facility gives priority to seeing these patients on arrival. It should be clear that, upon arrival, the patient becomes the immediate responsibility of the receiving facility.
- 4.5.5 The escort will give the receiving facility or clinician a copy of the transport request form, the patient's agreement to be escorted and the discharge summary.
- 4.5.6 If there is an escort-initiated change in the patient transportation plan or the need to call for police assistance, the escort shall write a report on the incident and submit it to the Patient Transportation Coordinator within 48 hours of the employee's return to work.
- 4.5.7 If, during the patient transport, an incident occurs resulting in an injury to the patient or private citizens, the escort shall contact DMH ACCESS at 1-800-854-7771 at any time of the day. On the next regular business day the escort should contact the Patient Transportation Coordinator who will instruct the escort to file a written memo or incident report consistent with DMH incident reporting procedures.

4.6 ESCORT EXPENSE CLAIMS

- 4.6.1 Patient escorts will be reimbursed for certain allowable expenses incurred during the escort assignment. Expenses allowed are consistent with current Auditor-Controller specifications.
- 4.6.2 All expense claims must be submitted on Expense Claim form (Attachment V) and may not include any identifying data regarding the patient who was escorted (name, file number, etc.) These forms must be signed by the claimant and approved by the Deputy Director of the Planning and Program Support Bureau.
- 4.6.3 Originals of all receipts (except meals) must be attached to the

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Expense Claim form, forwarded to the Patient Transportation Coordinator who will forward them to the Deputy Director of the Planning and Program Support Bureau for signature.

4.7 RENTAL VEHICLE

- 4.7.1 Escorts are provided with a voucher for a rental vehicle reserved for their use in the city of destination. Escorts may not change vehicle reservations, purchase additional vehicle insurance or pay any vehicle expenses, except for gasoline, from their personal funds.
- 4.7.2 Taxis should not be used to transport patients unless they become unstable during the trip and the escort believes it would be unwise to use a rental vehicle. In such an event, a statement as to the circumstances must be submitted along with the taxi receipt.
- 4.7.3 Taxis may be used in countries outside of the United States where rental cars are not easily available or the use of a taxi is safer for the patient and the escort.

4.8 ACCOUNTING OF EMPLOYEE/ESCORT TIME

- 4.8.1 When transporting a patient, the escort shall record their time portal to portal for the actual time of transit. Specifically, time begins when the escort leaves home or his/her office to pick up the patient and continues uninterrupted until the patient has been delivered to the destination, plus a reasonable amount of time for the escort to reach his/her local lodging.
- 4.8.2 Any portion of an escort's travel schedule which coincides with his/her regular work hours may not be recorded as extra time worked.
- 4.8.3 If the escort stays overnight or interrupts an immediate return to his/her Los Angeles County office or home, the actual time of stay may not be recorded as County time. When this occurs, the escort may claim as County time only the hours spent in transit from the place of lodging to arrival time at the local airport, plus a reasonable transit time to his/her local office or residence.

AUTHORITY:

- 4.8.4 Escorts are not allowed to travel on County business while using sick

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ATTACHMENTS: or personal leave, accrued overtime or vacation leave. Although scheduled leave may be used between flights, the actual time in transit must be recorded on the employee's timecard.

State Department of Health, 1975
DMH Policies 102.22 and 107.1

REVIEW DATE: Attachment I – Request to Transport a Short-Doyle Patient Out-of-State
Attachment II – Patient Request for Transportation
Attachment III – Discharge Summary
Attachment IV – Patient Escort Application
Attachment V – Expense Claim

This policy shall be reviewed on or before November 1, 2006

DISCHARGE SUMMARY

PATIENT'S NAME _____ **DATE** _____

FILE NUMBER _____

PRESENTING PROBLEMS:

DIAGNOSTIC IMPRESSION:

AXIS I _____ / _____

AXIS II _____ / _____

AXIS V – Current GAF: _____

Highest GAF past year: _____

SUMMARY OF TREATMENT (include medications and goals met)

FINAL DIAGNOSIS: (Please designate which Dx is primary, which secondary)

AXIS I _____/_____

AXIS II _____/_____

AXIS III _____

AXIS IV _____ Psychosocial Stressors: _____

Severity: _____

AXIS V Current GAF: _____

Highest GAF past year _____

REASON FOR TERMINATION:

REFERRAL(S)/RECOMMENDATION(S)/CASE MANAGEMENT PLANS:

SIGNED: _____